FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT se read instructions before completing and for Notice regarding public burden.

				Please read II	Please read instructions before completing and for Notice regarding public burden.	ore completing	ig and for Not	ice regarding	public burder	Ξ					
Name and Mailing Address of Respondent	n Respondent														
Wauneta Telephone Company PO Box 645 Benkelman, NE 69021	ompany												Check huis a char address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting	Period (Endi	Reporting Period (Ending Date of Pay	y		4. Number o	4. Number of Full-Time Employees during Selected	nployees duri	ng Selected				300	
2018		Period Co Marcl	March 31, 2018	ort)	2		Reporting a. Fev b. 16	Reporting Period (check one): a.	(one): complete Section ()	ions I, IV, and	V only)				
SECTION II - Full-Time Employees.	35.														
							Num Report emplo	Number of Employees (Report employees in only one category	yees one category)						
Job								Race/Ethnicity							
Categories	Hispa	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
					Male	le					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	W-100 - 20
	Þ	В	С	D	П	Ŧ	G	I	-	د	7	٢	Z	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers															0
Professionals 2															0
Technicians 3															0
Sales Workers 4															0
Administrative Support 5 Workers															0
Craft Workers 6															0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0

Title of Person Signing General Manager	04/01/2018 Ra	fy that to the best of my k	SECTION V - Certification	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1				Categories	Job		SECTION III - Part-Time Employees.
	Typed or Printed Name of Randall J Raile	edge, informa		ommission the	ommission th ody having co	ation Comp		0											Þ	Male		Hisp			es.
	Typed or Printed Name of Person Signing Randall J Raile	ation, and beli		at the followin ved, date filed	at no complai ompetent juris	aints Pursua		0											8	Female		Hispanic or Latino			
	on Signing	ef, all stateme		ng complaints t, courts or ag	nts regarding	ant to 47 CFR		0											c	White					
WILLFULLY OF ANY STA		ents in this rep		alleging violatencies before	violations of t h matters duri	22.321, 23.5		0											0	Black or African American					
FALSE STAT		ort are true a		ions of the pro which the ma	he equal emp ng the calend	5, 90.168, 10		0											m	Native Hawaiian or Other Pacific Islander	<				
EMENTS MA	Signature	nd correct.		ovisions of an	loyment provi ar year cover	1.4, and 101.3		0											Tì	Asian	Male				
DE ON THIS	udoel		12	y equal emplo heard, file nu	sions of Fede ed by this repo	311.		0							1272				9	American Indian or Alaska Native				Nun (Report emp	
FORM ARE P	22			yment opport mber or other	ral, state, terri ort.			0											I	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)	
UNISHABLE .S.C. 312 (A)(Spel		ú	unity statute h	torial, or local			0											_	White		Not-Hispanic or Latino	y	oyees one category	
BY FINE AND (1) AND/OR F	2,61			nave been file and current st	statutes have			0											٦	Black or African American					
ORFEITURE	J			d against this tatus or dispo	been filed ag			0						Upa-					7	Native Hawaiian or Other Pacific Islander	Fer				
ONMENT (18 (47 U.S.C. 50	Telephone No. (308) 42		,	company. sition.	ainst this			0											٦	Asian	Female				
U.S.C. 1001 03).	elephone No. (308) 423-2000							0											3	American Indian or Alaska Native					
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).								0											z	Two or more races					
VOCATION							0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total			